

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Thomas R Davis
(full name) _____

)

(Register No.) _____

)

Plaintiff(s).

)

Case No. _____

)

v.

18-3252-CV-S-MDH-P

Nurse Shimmin
(Full name) _____
Doctor Wilkins

Defendant(s).

)

Defendants are sued in their (check one):
 Individual Capacity
 Official Capacity
 Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): Green County Jail
1000 N Bonnville Springfield, MO 65802

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Thomas R Davis # 295840 Register No. _____
Address 1000 N Bonnville Ave
Springfield MO, 65802

B. Defendant MS. Shimmin, & Doctor Wilkins
Is employed as Nurse & Doctor

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes No _____
- IV. Do you request a jury trial? Yes No _____
- V. Do you request money damages?
State the amount claimed? Yes No _____
\$100,000/500,000 (actual/punitive)
- VI. Are the wrongs alleged in your complaint continuing to occur? Yes No _____
- VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes No

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes No

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

Plaintiff was denied the right to file grievance. Request were made over & over. (most ignored)

D. If you have not filed a grievance, state the reasons.

Have been told it is not a grievable matter
institution refuses the plaintiff's rights to grievance process.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case?

Yes _____ No

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated?

Yes No _____

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: J.L. Jones

(Plaintiff)

David

(Defendant)

(2) Date filed: 2014

- (3) Court where filed: Federal
- (4) Case Number and citation: unknown
- (5) Basic claim made: Violation Civil, Constitutional R6
- (6) Date of disposition: 2016
- (7) Disposition: 2016 unknown
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: unknown Defendant
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

See other page

- B. State briefly your legal theory or cite appropriate authority:

Deliberate indifference 8th Amendment
unnecessary & wanton infliction of pain, Wilkerson vs UTAH
8th cruel & unusual punishment.

I am born At Law & Do Not have all the knowledge
to protect my self against injustice, please persone any
rights violated I fail to mention, please provide an
Attorney to fight for my Rights.

A

ABOUT
ON OR AROUND 3-20-2018, A LITTLE AFTER
4 PM I FELL FROM THE TOP BUNK IN MY
CELL 214 IN C POD, I FELT Tremendous
Pain in my Hand (right) foot (right)
NECK and lower back. I DID NOT
INITIALLY Report my injury due to previous
Medical treatments, as well as a hope that
injury and pain would go away. After laying
in the cell for hours the pain continued to
~~intensity~~ intensify > Drastically. • 34 8PM REC
The pain prevent me from working or and
using my hand, BY 11PM it became
apparent that regardless of previous experiences
with medical, I was going to need
treatment. I informed the OFFICER ON DUTY
that I could not walk and I believe my
hand and foot was broken, after speaking
with worse he was told to give me a sick
call form, I informed him that my pain was
unbearable and I put it off for as long
as I could bear, and I needed IMMEDIATE
Medical attention. He again spoke with
medical staff then told me they refused to
see me I then tried to get up and walk
to press medical button to request a supervisor
in which I fell again due to pain in my
Right foot. My cellmate then informed staff

that I fell & could not get up. Nurse Shimmins finally came to my cell & was Rude, IRATE about me being charged seven dollars and SIGNED a form TO ^{Authorize} ~~Authorize~~ FUNDS TAKEN I then informed her that I HAD NO problem PAYING seven dollars and SIGNED the form but that my PAIN was unbearable I believe I have broken bones and I needed desperate medical attention. I then signed the form with my left hand nurse Shimmins then stayed IRATE, RUDE, and unprofessional and accusingly of causing an INJURY without ever once EXAMINING me she continued to threatened me stating "I AM GOING TO TAKE ALL YOUR PROPERTY AND PUT YOU IN QT4 IF YOU DONT GET UP AND WALK" I informed her that I could not walk & that I was not faking, I pleaded & begged her to please treat me for pain & that a X-Ray would prove that I was not lying & had no reason to; She continued to say I had "1 more chance to get up & walk or I was being rehoused". I ^{continued} asked why she was using QT4 as a means to try to punish me instead of sending me to emergency room for X-Rays as I had before, she stated she was going to view video of me walking & I asked her please to do so. She then had officers push me into the Hall. She never examined my foot or

my hand while I was in my cell. Once in the hall-way I asked how she was going to justify not treating me if I in fact had a broken bone. She then stated that there was always ways to deal with "my kind", she then after I asked why I signed "sick call" form?? & if she had a problem treating blacks why would she be working here?? She then took my right arm (instead of my left) to take "vital" signs & pushed her chest into my broken hand causing excruciating pain. I yelled out in pain & pleaded for her to please not crush my hand with her chest, & that I didn't want to be blamed for touching her chest & could she please use my other arm & be careful with her chest, she continued to smile & talk as if I was crazy. I continued to plead with her not to do it again. She then refused to treat me or even examine my injuries. Not once was I disrespectful, rude, or used any vulgar language towards her at any time. Then true to her threats she took all of my property, had me placed in a cell with no socks, underwear, sheets, [&] towels, I wasn't even allowed to use a spoon. The cell also had a camera recording as I used the rest room which is also a violation of my rights against cruel & unusual punishment. (8th Amendment). She classified me as "Medical Watch" in the extremist form

ABSOLUTELY

for NO Reason at all other than TO
Punish me. inmate Robert Smith 136503
~~this~~ is a witness to Nurse Shimmins
behavior and attitude when she entered
C Pod on 3-20-18. He was in cell 215 next
Door. CONCZ IN T4 I was left on the floor
untreated for Pains with no medical care
without ~~supervision~~ even an exam. I complained &
yell out in pain time after time for hours. I
requested a supervisor it was told to fill out
Request form to ask for a Grievance Form.
I then did that and turned into OFC Davidson
I believe is his name. To this day my form
has been ignored as many many other Request to
access my Rights to the Grievance Process the form
was filled out within 30 minutes of me being
Placed in the cell on 3-20-18, I suffered cell night
long in excruciating unbearable Pain. Finally, the
next mornings a new nurse on shift different
Heard my yell ^{to} listened to my story, she then examined
me and stated there was clear massive swelling
in my hand and foot. She then had me sent for
X-Rays & was nice enough to give me pain meds
although ^{she stated} I wasn't getting prescribe anything. After
finally being treated X-RAYS showed my Hand
(Right) was in fact broken but not my foot.
Doctor. I then received treatment from an Ortho-
Doctor. My hand has unexplained mass swelling &
severe pain in multiple areas. My hand after months

of treatment is still not healing properly. Medical staff has delayed & delayed setting up my appointments with orth doctors & now he "refuses" Allegedly to see me. I had an appointment & was being transported to it when I transport officer turned the car around & refused to take me because I called him out on treating me unfairly. This was in July of 2018. My appointment was supposed to be rescheduled. But now I am being refused, I complained & begged for 2nd opinion or update my ortho Doctor of my present & current pain, But I am being refused further treatment. My everyday life is greatly limited due to Hand injury. I can not exercise, twist, pull, or make much contact without sever pain; It hurts for some one to even shake my hand. The Nursing staff has certain members who are very rude & unprofessional I have even been denied treatment for asthma before, then turned around & treated by Nurse Matty, when the other lady who refused me was not present, I Blame the Defendants for my continued pain & suffering due to poor treatment & delayed treatment, No further treatment is being given to me.

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.
Award Plaintiff Damages AND CURE CURE
ALL JUDGEMENTS DEEMED JUST AND FAIR
BY THIS COURT

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. NA

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes No

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court?
Yes No X

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 30 day of 7 2018


Signature(s) of Plaintiff(s)

Thomas Davis #

295-8840

Green County Justice Center

100 N. Bowline

Springfield, Mo. 65802

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CLERK U.S. DIST. COURT
WESTBROOK, MO.
KANSAS CITY, MO.

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Office of the Clerk

United States District Court

Western District of Missouri

Kansas City, Missouri 64106